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About Your Benefits







Your benefits have been designed to support you during the different times of your life - providing comprehensive financial security while you are working, as well as income security after you retire.

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Highlights 💗 💮







Your Benefits...

... Provide Immediate Eligibility for You and Your Family

As a full-time employee, or full-time temporary employee hired to work at least 12 months, you are eligible for coverage under most benefit plans, including health care, life and accident insurance, the savings program, and the pension plan, on your first day of work. Part-time employees and full-time temporary employees hired to work less than 12 months are immediately eligible for life and accident insurance, the savings program and the pension plan, and become eligible for medical and dental coverage after four months of service.

...Offer Some Coverage Automatically, at No Cost to You

You are automatically covered under these plans, at no cost:

- **Employee Assistance Program**
- **Short-Term Disability**
- Long-Term Disability
- **Business Travel Accident Insurance**
- Pension Plan

...Let You Choose the Coverage That is Right for You

These benefits are optional, giving you the opportunity to choose the coverage you want and need:

- Medical (including prescription drugs and vision care)
- **Dental**
- Flexible Spending Accounts
- Basic and Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- **Special Accident Insurance**
- **Savings Program**
- Long Term Care

...Offer Tax-Effective Coverage

You can elect to pay for medical and dental coverage on a before-tax basis if you wish. You can also make before-tax contributions to the savings program and flexible spending accounts.

The term "Company" refers to BWXT Y-12, LLC or UT-Battelle, LLC.

Other terms are defined in the Glossary section.



Eligibility





Employee

You are eligible to participate in the benefit plans described in this handbook if you are employed and paid as a full-time employee of the Company working on a regular basis, or a full-time temporary employee who is hired to work at least 12 months. Part-time employees and full-time temporary employees who are hired to work less than 12 months are also eligible for many of the benefits described in this handbook.

If you are a member of a collective bargaining unit, you are eligible for business travel accident insurance and those benefit plans in which your collective bargaining unit has agreed to participate. Individuals who are paid as independent contractors or who are leased from another employer are not eligible to participate in these plans.

The terms "Full-Time Employee," "Part-Time Employee" and "Full-Time Temporary Employee" are defined in the Glossary.

Dependents

You may choose to cover your eligible dependents for medical (including prescription drug and vision care), dental, life, special accident, and long term care insurance coverage. Your eligible dependents may also use the employee assistance program.

Eligible dependents include:

- your lawful spouse (under age 70 for life and special accident insurance coverage)
 and
- CIGNA Option 1 your unmarried children from birth through age 23 who are wholly dependent on you for support.
- CIGNA Option 2 your unmarried children from birth through age 24 who are wholly dependent on you for support.

- Business travel accident insurance and special accident insurance coverage extends through age 18 and may be extended through age 27 if your child is a full-time student at any school, including a trade school or vocational training program.
- Life insurance is available for children age 6 months to 19 years (up to age 24, if a fulltime student).

The term "Eligible Dependents" is defined in the Glossary.

Children generally include your natural and adopted children and, in certain situations, may also include your stepchildren, foster children or other children who are wholly dependent on you for support and live with you in a regular parent-child relationship.

The term "Child" is defined in the Glossary.

Medical (including prescription drugs and vision care) and dental coverage may be continued for an unmarried child who is incapable of self-support due to a physical or mental handicap that began before he or she reached age 24 for CIGNA Option 1 or 25 for CIGNA Option 2, provided you submit proof of the child's disability to the insurance company within 30 days after attaining the maximum age and you remain a participant in the plan. Additional proof of the child's continuing disability will be required periodically. When your dependents are no longer eligible for health care coverage, they may be eligible to continue coverage for up to 36 months under COBRA. See the Administrative Information section for information on COBRA.

Special accident insurance coverage may be continued indefinitely for an unmarried child who is incapable of self-support due to a physical or mental handicap that began before he or she reached age 19.



Eligibility (cont'd.)

Special Eligibility Rules for Families

If you and your spouse work for either Company and are eligible to participate in the Company's benefit plans, you may enroll in the plan as an employee, or

you may be enrolled as a spouse. However, you may not enroll for coverage as an employee and as a spouse. In addition, only one of you may enroll your eligible dependent children.

Eligibility At a Glance			
Benefit Plan	When You Are Eligible		
	Full-time Employees and Full-time Temporary Employees Hired to Work at Least 12 Months	Part-time Employees and Full-time Temporary Employees Hired to Work Less Than 12 Months	
Medical (including Prescription Drugs and Vision Care)	on your first day of work	after 4 months of service	
Dental	on your first day of work	after 4 months of service	
Employee Assistance Program	on your first day of work	on your first day of work	
Flexible Spending Accounts	on your first day of work	full-time temporary employees after 4 months of service (part-time employees not eligible)	
Short-Term Disability	after 1 month of service	full-time temporary employees after 4 months of service (part-time employees not eligible)	
Long-Term Disability	on your first day of work	full-time temporary employees after 4 months of service (part-time employees not eligible)	
Long Term Care	on your first day of work	part-time employees if working more than 50% of a full-time schedule on your first day of work	
Basic, Supplemental, Spouse and Dependent Life Insurance	on your first day of work	on your first day of work	
Business Travel Accident Insurance	on your first day of work	on your first day of work	
Special Accident Insurance	on your first day of work	on your first day of work	
Savings Program	on your first day of work	on your first day of work	
Pension Plan	on your first day of work	on your first day of work	
Severance Plan	on your first day of work (temporary employees not eligible)	part-time employee on your first day of work (temporary employees not eligible)	







Enrollment

Many benefits and programs are available to you. Although some benefits are provided automatically, enrollment is necessary for others.

Participation is automatic, with no enrollment required, for:

- Employee Assistance Program
- Short-Term Disability
- Long-Term Disability
- Business Travel Accident Insurance
- Pension Plan.

You may elect the following benefits when you are first eligible:

- Medical (including prescription drugs and vision care)
- Dental
- Flexible Spending Accounts
- Basic and Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- Special Accident Insurance
- Savings Program
- Long Term Care.

To enroll for all of these benefits, except the savings program and the long term care plan, you must complete an enrollment form or card on which you:

- enroll yourself and eligible dependents and
- authorize the Company to deduct from your pay your share of the coverage you elect.

Enrollment forms are available from the Benefit Plans Office and some forms are available on the Benefit Plans Home Page on the World Wide Web. When you begin work for the Company, the savings program recordkeeper, CitiStreet, will be notified of your employment and will send a welcome letter and a personal identification number to you. To enroll in the savings program, call the information line after you receive your personal identification number:

In the United States 1-888-I-SAVE-IT (1-888-472-8348)

International 1-617-847-1006 Telecommunications Device for the Deaf 1-800-579-5708

Refer to the "Savings Plan" section for more information on the information line and the savings program enrollment process.

To enroll in the long term care plan, you must call MetLife at 1-800-GET-MET8 to request an enrollment kit.

When you enroll for life insurance, accident insurance or the savings program, you will be asked to complete a beneficiary form on which you name a beneficiary to receive any benefits that may become payable in the event of your death.

When You May Elect Coverage

You may elect benefits coverage when you first become eligible. In addition, you may enroll for some coverages during open enrollment periods as described in the chart.

Benefits Enrollment & Coverage			
You may enroll for	During open enrollment in	For coverage effective on the following	
Before-Tax Contributions for Medical and Dental	October or November	January 1	
Medical (including Prescription Drugs and Vision Care)	October or November	January 1	
Flexible Spending Accounts	October or November	January 1	



Enrollment (cont'd.)

When You May Change Your Elections

You may add or change coverage for basic life, supplemental life, spouse and dependent life, and long term care insurance with an approved statement of health. You may add special accident insurance at any time. You may cancel these coverages at any time. You may change most savings program elections at any time by calling the information line. There are limited circumstances under which you may change other benefit elections. Other election changes can be made annually, during the open enrollment period, or within 30 days of a change

in status or change in cost or coverage. If you would like to request a mid-year election change, you must complete a change form and return it to the Benefit Plans Office within 30 days of a change in status or change in cost or coverage. There is one exception to the 30 days rule: you may enroll a newborn or newly adopted child for dental coverage at any time until the child is one year of age.

Changes During Open Enrollment Periods
You may change your medical, your before-tax medical and dental contributions, as well as your flexible spending account contributions, during the open

enrollment period.

Changes at Other Times

Qualifying Life Events

If you elected after-tax contributions for medical and/or dental coverage, you may drop that coverage any time during the year, for any reason. Also, you may drop special accident insurance coverage at any time and for any reason. However, you may change your before-tax medical and dental contributions, as well as your flexible spending account contributions, during the year only on account and consistent with a qualifying life event or upon certain changes in cost or coverage. A qualifying life event includes:

- marriage, legal separation, annulment, or divorce
- the death of your spouse or child
- the birth or adoption (or placement for adoption) of your child
- the loss or gain of benefit eligibility of your child
- the termination or commencement of employment of you or your spouse or child

- a reduction or increase in hours of employment of you or your spouse or child, including a switch between part-time and full-time, a strike or lockout, or commencement of or return from unpaid leave of absence
- a change in health coverage due to your spouse's employment
- a "special enrollment period" under the group health plan as required by law
- a qualified medical child support order that requires your child to be covered under the group medical and/or dental plan
- you or your spouse or child becomes eligible (or loses eligibility) for Medicare or Medicaid or
- involuntary loss of other group health plan coverage.







Changes at Other Times (cont'd.)

Here are a few examples of election changes that are consistent with a qualifying life event:

Examples of Election Changes Consistent With a Oualifying Life Event

Qualifying Life Event		
With This Qualifying Event	You can make these changes, if consistent*	
Marriage, birth, adoption, or placement for adoption of a child	Add yourself, your spouse and/or children; drop coverage if you are to be covered by your spouse's plan	
Divorce, legal separation, or annulment	Drop your spouse and/or children; add coverage if you had been covered under your spouse's plan	
Death of you, your spouse or a child	Drop coverage for spouse or child; add coverage if you had been covered by your spouse's employer	
Involuntary loss of other group medical coverage	Add coverage	
Your child ceases to be a dependent (such as due to age, marriage or employment)	Drop dependent coverage	
You move outside the coverage network	Change to other similar coverage (note: you may not make changes to your medical flexible spending account)	

^{*} For your election to be effective, the plan administrator must determine that your requested mid-year change is consistent with the event.

Changes in Cost or Coverage

In addition, if there is a significant change in the cost of coverage of a benefit option, you may be entitled to make a corresponding change in your election (except with respect to the health care spending account). If a new benefit option is added or significantly improved or curtailed by us or by your dependent's employer, you may be permitted to make a corresponding new election. Changes to your health care spending account are not allowed by law for these reasons.

If you contribute to the dependent care flexible spending account, and there is a significant increase or decrease in the cost of services by a day care provider who is not your relative, you may be able to make corresponding changes to your contribution election for your dependent care spending account by submitting a new election within 30 days of the change. If your dependent care provider changes or services are significantly curtailed, you may be able to change your election within 30 days. For example, if mid-year, your mother will begin taking care of your child at no cost and you no longer need your current dependent care center, you can revoke your election to contribute to the dependent care spending account due to a significant change in coverage. However, if your mother wants a raise mid-year, you cannot increase your contributions to this account due to a change in cost because she is your relative.

In addition, if annual enrollment for your spouse is for a period of coverage other than the calendar year, you may be permitted to make a corresponding election change under this plan during your spouse's enrollment period. For example, if you elect family medical coverage and, in May, your spouse elects coverage under his or her employer plan for May 1 – April 30, you can drop your spouse from our medical plan by submitting an election change by May 31.

Please be aware that if the cost of a benefit option that you pay on a pre-tax basis increases or decreases during a year (but not significantly), your election will be automatically changed to reflect the change in the cost of coverage.



How Changes Affect Your Benefits

Steps to Take If You Get Married or Divorced

If You Get Married...

Notify your site's Personnel Records Department to update your personnel records if your name changes. You must show your Social Security card as proof of your name change. In addition, make sure your supervisor or department office knows of any address changes and ask how to update payroll records.

Review your spouse's benefits so you can coordinate coverage to your best advantage.

Change your benefit elections within 30 days of your marriage.

Consider increasing your contributions to the health care spending account, so you can pay for your spouse's unreimbursed medical, dental and vision care expenses with before-tax dollars.

Update your life and accident insurance beneficiary records.

Update your savings program beneficiary records. Keep in mind that if you have been married for at least one year and you want to designate someone other than your spouse as your beneficiary, you must have your spouse's written and notarized consent. Contact CitiStreet or the Benefit Plans Office for more information.

Consider preparing or updating your will.

If You Get Divorced...

Notify your site's Personnel Records Department to update your personnel records if your name changes. Make sure your supervisor or department office knows of any address changes and ask how to update payroll records.

Change your benefit elections within 30 days of the date your divorce is final. You must submit a copy of the divorce decree in order to drop coverage for your ex-spouse. Your ex-spouse is eligible to continue medical and dental coverage for up to 36 months through COBRA. You or your ex-spouse have 60 days to notify the Benefit Plans Office in order to obtain COBRA benefits. See the "Administrative Information" section.

You may also add your eligible dependents to your medical and dental coverage if a court establishes that you must provide coverage for dependent children who previously had coverage provided by your ex-spouse.

Update your life insurance, accident insurance and savings program beneficiary records. Life and accident insurance forms are available from the Benefit Plans Office. You can request a savings program beneficiary form by calling the savings program information line.

Contact the Benefit Plans Office if you think a court may issue a qualified domestic relations order (or "QDRO") granting your former spouse the right to receive any pension or savings program benefits. You will be sent important information about the procedures and requirements for QDROs.

Consider preparing or updating your will.

Call the employee assistance program if you need help with a personal, family or marital problem.







Steps To Take If You Are Expecting or Adopting a Child

If You or Your Spouse Are Pregnant...

Talk to your supervisor and the Benefit Plans Office to arrange for your leave. Men who want to take time off after the baby arrives can arrange for a family leave of absence. Contact the Benefit Plans Office for more details.

Point-of-Service In-Network

Schedule prenatal appointments. You will pay a copayment only at the initial visit under CIGNA Option 1, or you will pay a copayment at each visit under CIGNA Option 2, and the plan will pay the rest.

Interview and choose a network pediatrician for your child to receive in-network benefits after your child is born. Well-child care and immunizations are covered only when you receive them from a network pediatrician. Your baby's first visit will be in the hospital after delivery, so consider choosing a pediatrician who has admitting privileges at your hospital to ensure that you receive in-network benefits for that visit.

Your OB/GYN will precertify your hospital or birthing center admission.

Present your medical ID card when you are admitted to the hospital or birthing center. You will pay a hospital copayment for the admission.

Point-of-Service Out-of-Network and Indemnity Plan Schedule prenatal appointments.

Submit medical claims for all care you receive throughout your pregnancy. Pregnancy is covered as any other medical condition.

Interview and choose a pediatrician.

Call CIGNA Member Services by the fourth month of pregnancy to precertify your maternity admission if you are in the Point-of-Service Plan. If you are in the Indemnity Plan, you should call Intracorp for hospital precertification by the fourth month as well.

If You Adopt a Child...

Notify your supervisor and the Benefit Plans Office if you would like to arrange for a family leave of absence.

Interview and choose a pediatrician. If you are in a Point-of-Service Plan, you must choose a primary care physician for your child from the provider directory to receive in-network benefits, including coverage for well-child care.

When Your Child Arrives

Enroll your newborn or newly adopted child for medical benefits within 30 days so your child's medical expenses will be covered from the date of birth or adoption. You have up to age one to enroll the child for dental coverage. Call the Benefit Plans Office to request a change form.

Consider beginning or increasing your contributions to the flexible spending accounts, so you can pay for your child's unreimbursed medical expenses and child care expenses with before-tax dollars.

Consider updating your will and increasing your contributions to the savings program to save for your child's future.



Steps To Take If You Become Disabled

If You Become Disabled and Cannot Work...
Notify your supervisor, either in person or by telephone, in advance, if you cannot report to work. If you cannot reach your supervisor, notify your Shift Superintendent.

Contact the Benefit Plans Office to request a form for disability benefits, or your supervisor may request the form for you.

Apply for other disability benefits that may be payable (i.e., Social Security, workers' compensation, state or individual disability benefits and auto insurance recoveries).

Remain in contact with your supervisor and the Benefit Plans Office about how long you anticipate being away from work.

Receive short-term disability benefits for up to six months of disability (if eligible).

File forms for long-term disability benefits if your disability will continue longer than six months. Claim forms are available from the Benefit Plans Office.

The terms "Short-Term Disability" and "Long-Term Disability" are defined in the Disability section.

What Happens to Your Benefits If You Become Disabled

Here is what happens to your benefits during a disability:

Medical (Including Prescription Drugs and Vision Care) and Dental

During Short-Term Disability

Coverage continues. Contributions are deducted from your disability benefits.

During Long-Term Disability

Coverage continues up to the first of the month following the end of your long-term disability coverage, provided you continue to pay the required premium.

Employee Assistance Program

You may continue to access the services of the employee assistance program.

Health Care Spending Account

During Short-Term Disability

Participation continues, provided your pay continues. Claims may be submitted for expenses incurred before and during the period of your disability in which you are still making contributions to your account.

During Long-Term Disability

Participation ends unless you elect to continue contributing for the rest of the year on an after-tax basis through COBRA.

You may submit claims for health care expenses incurred before your short-term disability benefits end, and for those incurred afterward only if they were incurred in the period in which you continued to participate.

Dependent Care Spending Account

During Short-Term Disability

Participation continues provided your pay continues. You may submit claims for expenses incurred before your disability began, and during your disability if you are unable to care for your eligible dependent.

During Long-Term Disability

Participation ends. You may submit claims for expenses incurred before your disability began, up to the balance in your account. Submit claims for expenses incurred before your disability began and during your short-term disability if you were unable to care for your eligible dependents up to the balance in your account

Short-Term and Long-Term Disability

Short-term disability provides full pay for up to six months of disability, depending on your length of service. If you have not yet completed one month of service, you are not eligible for short-term disability benefits. Long-term disability benefits provide an income of 60% of your annual pay, up to \$5,000 per month, offset by Social Security and other benefits payable.







Basic Life Insurance and Supplemental Life Insurance

During Short-Term Disability and Long-Term Disability

Coverage continues at the level in effect at the time your disability began for as long as you meet the disability requirements of the basic and supplemental life insurance plans, or until you reach age 65. After 13 weeks of disability, this coverage is provided at no cost to you. (If your disability begins after your 63rd birthday, your insurance will continue for two years, but not beyond age 70.)

Spouse and Dependent Life Insurance

Coverage continues for six months. After six months, you may convert to an individual policy or terminate coverage.

Business Travel Accident Insurance

During Short-Term Disability and Long-Term Disability

Coverage ends. However, if within 100 days of a covered accident you become totally and permanently disabled as a result of an injury sustained in the accident, you will receive a lump-sum payment of four times your annual pay after you have been totally and permanently disabled for 12 consecutive months.

Special Accident Insurance

During Short-Term Disability and Long-Term Disability

Coverage continues during short-term disability and up to 12 months during long-term disability, provided you pay the premiums. If your total and permanent disability occurs within 365 days of a qualifying accident, you will receive an additional monthly benefit after you have been disabled for 12 months. These benefits will continue for up to 50 months. You may also be eligible for other special accident insurance benefits.

Pension Plan

During Short-Term Disability and Long-Term Disability

You continue to earn service credit while you are receiving short-term or long-term disability benefits.

Savings Program

During Short-Term Disability

Contributions continue during your paid disability. If you have an outstanding loan, any payments missed will be automatically deducted from your paycheck immediately upon your return to work.

During Long-Term Disability

Contributions end. In case of total disability, you become 100% vested. You have a choice of payment forms, or you may choose to defer payment. If you have an outstanding loan, you must continue to make repayments directly to CitiStreet.

Long Term Care

You may continue your coverage by making payments directly to the insurance company.



Steps to Take If You Leave the Company

If You Leave the Company...
Notify your supervisor.

Apply for COBRA within 60 days of your termination if you wish to continue medical (including prescription drugs and vision care) and dental coverage or to continue participating in the health care spending account.

Convert your life, dependent life and accident insurance to a private policy within 30 days of your termination if you wish to continue this type of coverage.

Decide whether to leave your account balance in the savings program or take a distribution.

Notify the Benefit Plans Office if your address changes.

What Happens to Your Benefits If You Leave the Company

Here is what happens to your benefits when you leave the Company:

Medical (Including Prescription Drugs and Vision Care)

Coverage ends on the last day of the month in which your employment terminates. You or your dependents may continue coverage for up to 18 months through COBRA, unless you are discharged for gross misconduct.

Denta

Coverage ends on the last day of the month in which your employment terminates. However, if you are undergoing a course of treatment, benefits may be payable for charges related to that treatment that you incur after your termination. In addition, you or your dependents may continue coverage for up to 18 months through COBRA, unless you are discharged for gross misconduct.

Employee Assistance Program Coverage ends.

Flexible Spending Accounts

Coverage ends. You may submit health care spending account claims and dependent care spending account claims for expenses incurred before your termination. You may continue your health care spending account participation on an after-tax basis through the end of the year of the COBRA qualifying event, and submit claims for expenses incurred during the period you continue to make contributions.

Disability

Coverage ends.

Long Term Care

You may continue your coverage by making payments directly to the insurance company.

Life and Accident Insurance

Coverage ends. You may convert your basic life, supplemental life, spouse and dependent life, and special accident insurance to individual policies. You may not convert business travel accident insurance.

Pension Plan

You may receive pension benefits when you reach retirement age if you are vested.

Savings Program

Contributions end. You may choose to receive a payout of your full vested account balance, or you may leave it in the savings program. Any outstanding loans must be paid within six months of termination. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

Your savings program distribution is subject to a mandatory 20% tax withholding unless it is paid in a direct rollover into an individual retirement account or another employer's plan within 60 days.







Steps to Take If You Retire

If You Are About to Retire

Call the Benefit Plans Office to receive retirement counseling and to get an estimate of your pension benefit. During retirement counseling, you will also receive forms that you must complete to apply for your pension benefit. You will have the opportunity to decide if you want to continue your medical (including prescription drugs and vision care), dental and life insurance coverage (if you retire before age 65) or enroll in the Major Medical Medicare supplement plan if you are age 65 or older. If you decide to do so, you must make this election immediately upon retiring.

Notify your supervisor.

Call the savings program information line to get an estimate of your account balance, as well as any outstanding loan balances.

Contact Social Security at 1-800-772-1213 to get an estimate of your benefits and information about Medicare.

What Happens to Your Benefits If You Retire

Here is what happens to your benefits when you retire:

Medical (Including Prescription Drugs and Vision Care) and Dental

At early retirement prior to age 65, you may continue coverage until the end of the month in which you reach age 65. At age 65, coverage ends and you become eligible for the Major Medical Medicare supplement plan. However, you may elect to continue coverage under the plan for an enrolled younger spouse until he or she reaches age 65. In any case, when your coverage ends, dependents may be able to continue coverage for up to 36 months (longer under certain circumstances) under COBRA.

The Company intends to continue the medical plan for employees who retire early. However, the Company reserves the right to amend or terminate the medical plan and the medical medicare supplement plan, in whole or in part, at any time. The Company may also increase or decrease participants' contributions to these plans. The establishment of the plans does not impose on the Company any contractual obligation to continue them in the future.

Employee Assistance Program Coverage ends.

Flexible Spending Accounts

You may continue to contribute to the health care spending account on an after-tax basis until the end of the year of the COBRA qualifying life event which is your retirement effective date. Participation in the dependent care spending account ends.

You may submit claims for eligible health care and dependent care expenses incurred before you retire. You may submit health care spending account claims for eligible expenses incurred after you retire only if you continue to participate as described above.

Disability

Coverage ends.

Long Term Care

You may continue your coverage by making payments directly to the insurance company.

Basic Life Insurance

At early retirement, full basic life insurance coverage may be continued at the same premium cost as active employees, or you may take a reduced amount of basic life insurance at no cost to you. At age 65, the reduced amount of basic life insurance coverage will be continued for the rest of your life, provided you had basic life insurance coverage for at least one year immediately preceding retirement, at no cost to you. You may convert the discontinued basic life insurance coverage to an individual policy.

Supplemental Life Insurance

Group coverage ends. However, the plan has a conversion feature that allows you to continue coverage on an individual basis if you apply within 31 days after the group coverage ends. Group rates and individual rates under that feature will be different.

Spouse and Dependent Life Insurance

Group coverage ends. However, the plan has a conversion feature that allows you to continue coverage on an individual basis if you apply within 31 days after the group coverage ends. Group rates and individual rates under that feature will be different.



Long Term Care

Your coverage will continue as long as you continue to make payments to the insurance company.

Business Travel Accident Insurance Coverage ends.

Special Accident Insurance

Coverage ends. You may convert your special accident insurance coverage to an individual policy.

Pension Plan

You will receive monthly pension benefits at the time and according to the payment option you have selected.

Savings Program

Contributions end. You may choose from a variety of payout methods or you can leave your account balance in the savings program until you reach age 70-1/2. Mandatory minimum distribution rules apply after age 70-1/2 if you have retired from the Company. Any outstanding loans must be paid within six months of your retirement. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

Steps To Take If You or a Family Member Dies

If You Die, Your Family Member Should...Notify the Benefit Plans Office of your death.

Complete a life insurance claim form and special accident insurance claim form, if applicable. Send the completed forms, along with a certified death certificate and other supporting information, to the Benefit Plans Office.

Convert any family special accident insurance coverage to a private policy within 30 days of your death if they wish to continue this coverage.

Convert spouse and dependent life insurance coverage to an individual policy within 31 days of your death.

Decide whether to continue medical and dental coverage. Your spouse and eligible dependents may elect to continue their medical coverage under the Company's plan. Their cost and the length of continuation will be based on the length of your full-time service at the time of your death.

If Your Spouse or Dependent Dies, You Should... Notify the Benefit Plans Office and complete a life insurance claim form, if applicable.

Complete a special accident insurance claim form if you are enrolled for family special accident insurance coverage and the death was accidental. Send the completed form(s), along with a certified death certificate and other supporting information, to the Benefit Plans Office.

Change your medical (including prescription drugs and vision care), dental, flexible spending account, life, and special accident insurance elections within 30 days of the death, if coverage changes are appropriate.

Review your beneficiary elections for life and accident insurance and the savings program.

Remember, the employee assistance program is available if you or your family members need counseling.







What Happens to Your Benefits If You or a Family Member Dies

Here is what happens to your benefits if you die:

Medical (Including Prescription Drugs and Vision Care) and Dental

Your eligible dependents may elect to continue medical (including prescription drugs and vision care) and dental coverage for three months at the appropriate active employee contribution rate. If you had less than 10 years of full-time service when you died and you were not eligible for a pension, your eligible dependents may continue coverage after the initial three-month period for an additional 33 months through COBRA. See the "Administrative Information" section for more information.

If you had at least 10 years of full-time service under the pension plan when you died, your eligible dependents may elect to continue coverage until your spouse reaches age 65 or remarries, whichever comes first. In this case, you and the Company share the cost of coverage.

If you had less than 10 years of full-time service under the pension plan when you died, your eligible dependents may elect to continue coverage until your spouse reaches age 65 or remarries, whichever comes first. In this case, you pay the full cost for the continued coverage.

Employee Assistance Program Coverage ends.

Flexible Spending Accounts

Participation ends. Dependents may submit claims for health care and dependent care expenses incurred before your death. See the "Flexible Spending Account" section for eligible expenses.

Long Term Care

Your spouse may continue their coverage by making payments directly to the insurance company.

Life and Accident Insurance

Your beneficiary will receive the following benefits, depending on the coverage elected:

- basic life insurance benefit
- supplemental life insurance benefit
- business travel accident insurance benefit if you die while traveling on Company business
- special accident insurance benefit if your death is the result of an accident.

Family special accident insurance coverage ends, but it may be converted to an individual policy.

Pension Plan

If you are vested, your surviving spouse/beneficiary will receive any survivor benefit. The Benefit Plans Office will contact your beneficiary to provide information about any plan benefits that might be payable.

Savings Program

Your beneficiary may receive your full account balance in a lump sum. However, if you were eligible to retire under the pension plan at the time of your death, your spousal beneficiary may choose either a lump-sum payment or monthly installment payments over a five-year period. Your spousal beneficiary may also elect to defer payment until the latest date permitted by the tax laws.



When Coverage Begins

New Hires

If you enroll as a newly hired employee, your coverage will begin according to the following chart,

provided you meet the plan's eligibility requirements. Any coverage you elect for your eligible dependents will begin on the same day your coverage begins.

Benefit Plan	Your Coverage Will Begin	
Medical (including Prescription Drugs and Vision Care)	full-time employees and full-time temporary employees hired to work at least 12 months on your first day of work, provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until open enrollment to enroll. Your coverage will become effective the first day of the plan year following open enrollment, currently January 1. Election and enrollment changes made as a result of a qualifying life event must be made within 30 days of the event.	
	part-time employees and full-time temporary employees hired to work less than 12 months: on the first day of work following 4 months of service, provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until open enrollment to enroll. Your coverage will become effective the first day of the plan year following open enrollment, currently January 1. Election and enrollment changes made as a result of a qualifying life event must be made within 30 days of the event.	
Dental	full-time employees and full-time temporary employees hired to work at least 12 months on your first day of work, provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until open enrollment to enroll. Your coverage will become effective the first day of the plan year following open enrollment, currently January 1. Election and enrollment changes made as a result of a qualifying life event must be made within 30 days of the event.	
	part-time employees and full-time temporary employees hired to work less than 12 months: on the first day following 4 months of service, provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until open enrollment to enroll. Your coverage will become effective the first day of the plan year following open enrollment, currently January 1. Election and enrollment changes made as a result of a qualifying life event must be made within 30 days of the event.	
Employee Assistance Program	on your first day of work.	
Flexible Spending Accounts	payroll deductions begin as soon as administratively possible following your election; however, you may claim eligible expenses incurred on or after your date of hire or on the date of the qualifying life event.	
Short-Term Disability	after 1 month of service (part-time employees not eligible).	
Long-Term Disability	on your first day of work (part-time employees not eligible).	
Basic Life Insurance	on the day you enroll, provided you enroll within 30 days after you become eligible. Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.	
Supplemental Life Insurance	on the day you enroll, provided you enroll within 30 days after you become eligible. Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.	







When Coverage Begins (cont'd.)

Benefit Plan	Your Coverage Will Begin	
Spouse and Dependent Life Insurance	on the day you enroll, provided you enroll within 30 days after you become eligible for guaranteed issue amounts. Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.	
Special Accident Insurance	on the first day of the month after you enroll, provided you enroll within 30 days after you become eligible. If you enroll more than 30 days after you become eligible, coverage will begin on June 1 or December 1 after you enroll, whichever is earlier.	
Business Travel Accident Insurance	on your first day of work.	
Savings Program	your contributions in the form of payroll deductions will begin as soon as administratively possible after you enroll, generally within 30 days.	
Pension Plan	on your first day of work.	
Long Term Care	on the first day of the month after your enrollment form has been received as long as you are actively at work (or on vacation or a holiday absence) provided you enroll within 30 days after you become eligible. Coverage for eligible dependents becomes effective once approved by the insurance company.	

Current Employees

The medical coverage, before-tax medical and dental premiums and flexible spending account elections you make during the fall open enrollment period will be effective on January 1 of the following year. Special accident insurance elections will be effective on the first of the month after you enroll.

If you change your elections because of a qualifying life event, as described in this section, the changes will be effective on the date of the qualifying life event, provided you turn in a change form to the Benefit Plans Office within 30 days of the event.

The Company pays for most of the cost of your benefits package. For some benefits, such as disability coverage and the pension plan, the Company pays the full cost. For other benefits, you and the Company share the cost or you pay the full cost of coverage.

Paying for Coverage

If you elect to pay for coverage on a pre-tax basis, the IRS restricts when pre-tax contributions may begin. Therefore, the required contributions for coverage you elect to purchase with pre-tax dollars will be deducted as follows:

- For initial elections made within 30 days of your date of hire, the pre-tax deductions will begin on the payroll following the date your election is processed. Any payments due for coverage from the date your coverage is effective until the date pre-tax deductions begin will be deducted on an after-tax basis.
- For elections made within 30 days of a qualifying life event other than the birth, adoption or placement for adoption of a child, the pre-tax deductions will begin on the payroll following the date your election is processed. Any payments due for coverage from the date of the qualifying life event until the date pre-tax deductions begin will be deducted on an after-tax basis.
- For elections made within 30 days of the birth, adoption or placement for adoption of a child, all payments required for coverage from the date of such event will be deducted on a pre-tax basis.



Paying for Your Benefits

Benefit Plan	The Company pays the full cost of coverage	You share the cost of coverage with the Company through	You pay the full cost of coverage through
Medical (including Prescription Drugs and Vision Care)		before-tax or after-tax contributions	
Dental		before-tax or after-tax contributions	
Employee Assistance Program	х		
Flexible Spending Accounts			before-tax contributions
Disability Benefits	х		
Long Term Care			after-tax contributions
Basic Life Insurance		after-tax contributions	
Supplemental Life, Spouse and Dependent Life Insurance			after-tax contributions
Business Travel Accident Insurance	х		
Special Accident Insurance			after-tax contributions
Savings Program		your before-tax or after-tax contributions and Company matching contributions	
Pension Plan	х		







When Coverage Ends

Unless otherwise noted, coverage under the Company's benefit plans will end on the earliest of the following dates:

- the date your employment terminates, with these exceptions:
 - for medical (including prescription drugs and vision care) and dental coverage, the last day of the month in which your employment terminates
 - for long-term disability coverage, the date your employment terminates for any reason, unless you are totally disabled
 - for basic life insurance coverage, the date your employment terminates for any reason other than retirement after you become eligible for an immediate pension benefit or total disability (see the "Life and Accident" section for more information)
- the date you are no longer considered eligible because of a change in your employment status
- the last day of the period for which your last contribution was made (if you fail to make any required contribution)
- the date the plan is terminated.

Coverage for your dependents will end on the same day your coverage ends or on the day they are no longer considered eligible dependents, if earlier.

If your coverage ends, you may be eligible to extend medical (including prescription drugs and vision care) and dental coverage, as well as health care spending account participation under COBRA. See the "Administrative Information" section for information about COBRA.

Your participation in the savings program may continue (with some limitations) after you stop making contributions. See the "Savings Plan" section for more information.

Before-Tax or After-Tax?

Before-tax contributions offer special tax advantages. You do not pay federal, Medicare, Social Security and, in most cases, state or local income taxes on the before-tax pay you use for buying medical or dental coverage or for participating in the flexible spending accounts. This is also true for before-tax savings program contributions, except Medicare and Social Security taxes will apply.

Even though before-tax contributions reduce your pay for income tax purposes, the Company will continue to recognize your full basic rate of pay for your other pay-related benefits, such as life insurance, disability coverage and pension benefits.

